

all the alkalies contained in the mass of the blood—and in this way we explained the agency of large doses of alum in arresting hemorrhage. Thus, in a small quantity, it is a very precious local astringent; in a larger quantity it becomes an energetic local fluidifier; and, after absorption, a general hemostatic of undoubted efficacy.

We omitted to state why we thought this substance should not be combined with *mel rose*, which it so commonly is. It always contains a marked quantity of the proto-sulphate of iron by reaction, on which the tannin of the *mel rose* produces a greenish precipitate. This, besides being disagreeable in appearance, leads the patient to the belief that the properties of the medicine have become deteriorated. Preferable combinations are the following:—

1st. *Astringent Gargarism.*

Alum	.	.	:	:	:	$\frac{1}{2}$ a part.
Distilled water	.	.	:	:	:	150 parts.
Syrup of mulberries	}	of each	.	.	.	25 parts.
Poppies						

For aphthous affections, mercurial stomatitis, and generally in all the diseases of the throat in which astringents are indicated.

2d. *Detergents Gargarism.*

Alum	.	.	:	:	:	20 parts.
Distilled water	.	.	:	:	:	100 parts.
Syrup of mulberries	}	of each	.	.	.	30 parts.
Poppies						

In hoarseness, in aphonia, and in those affections of the pharynx characterized by great dryness, and in which it is desired to excite the excretion of the mucosities. It is in this same dose—that is, its fluidifying dose—that alum should be given for the prevention and cure of pharyngeal diphtheritis.

Most practitioners, I may remark, administer alum in too small a proportion for the removal of acute hoarseness, and especially in the aphonia of singers. Theory and practice alike show us that these cases require strong gargles.—*Ibid.*, No. 34.

17. *Astringent Collyria.* By M. MIALHE.—Many practitioners are in the habit of prescribing *mucilages* of gum, psyllium, and especially of quince, with the different medicinal agents which constitute the base of their astringent collyria. It is a bad practice, since all true astringents necessarily belong to the class of bodies which coagulate the serum of the blood, and all substances which coagulate albumen also coagulate gum and the liquids which contain it; whence it results that the addition of mucilage to a salt of alum, zinc, copper, lead silver, &c., necessarily gives rise to more or less of an entirely insoluble precipitate, which can in nowise advantageously act upon the mucous membrane of the eye. Such a combination is worthy of the period which gave rise to it. It belongs to that epoch in therapeutics in which practitioners were persuaded that all agents capable of modifying the living economy were endowed with absolute curative properties, having nothing in common with the action they exercised on our organs, an action which they considered as generally hurtful, and never useful. A fundamental error which time and experience have happily done justice to!—*Ibid.*, No. 40.

MEDICAL PATHOLOGY AND THERAPEUTICS AND PRACTICE OF MEDICINE.

18. *On the Phosphate of Ammonia, and its value in the Treatment of Gout and Rheumatism.*—This is the title of a paper, read by Dr. SAMUEL EDWARDS, to the Bath and Bristol Branch of the Provincial Medical Association, and published in the *Provincial Medical and Surgical Journal*, Nov. 17th, 1847. The author states that some years since he “was informed by an American friend,” that he had seen phos-

phate of ammonia prescribed occasionally in gout and rheumatism, with unquestionably good results, and he therefore determined to put this medicine to the test of experience, which he has now done to a considerable extent, and with decided success. "Since employing the remedy," Dr. Edwards states, he finds "that Dr. Buckler, of Baltimore, has also employed this salt in these diseases, and with great success." This is doing our correspondent, Dr. T. H. Buckler, very scanty justice, for to him is undoubtedly due the credit of introducing this article into use, as a remedy for gout and rheumatism, and from his paper, published in this Journal, (Jan. 1846,) Dr. Edwards' American friend undoubtedly obtained the information he communicated.

Dr. Edwards states, that he has "now used this remedy, with great success, in almost every variety of gout and rheumatism. In acute articular rheumatism I have not exhibited it during its more inflammatory stage; but after this has been subdued somewhat by the usual antiphlogistic treatment, it very speedily relieves the pains, and in the majority of cases prevents fresh joints from being attacked. I cannot speak positively from sufficient data at present, but I am inclined to believe that the chronic form which is not unfrequently left behind from the acute, may often be obviated. I feel convinced I have prevented, by administering this salt prior to the coming on of the inflammatory symptoms, several times, attacks of gout and rheumatism, and this in individuals disposed to their invasion. In chronic articular rheumatism, I have used it after the bowels have been well cleansed by calomel or other purgatives, or if the constitution is vigorous, the vascular action strong, and heat high, after venesection, and I have got rid of these attacks much sooner than formerly. In muscular rheumatism, whether of the acute or chronic form, I have employed this remedy with greater success than in any other. After the action of the intestinal canal was somewhat regulated, I have generally been able, without further preface, to administer it in lumbago, pleurodynia, ischio-gluteal rheumatism, epicondylitis, (cephalodinia,) cervical, (auchenodynia,) and facial rheumatism. In these I have seen it of peculiar service, and in one case of rheumatic ophthalmia, after the inflammatory symptoms had been reduced, and the patient was annoyed with the pains about the eye and brow, in which I administered it, it was attended with alleviation and subsidence of the pains within sixteen hours of being commenced. I am not prepared to assert that this salt will prove of benefit in those cases of chronic rheumatism, where the disease has already affected the cellular tissue, bone, or cartilage, and occasioned such appearances of morbid anatomy as have been described by Hasse. It may relieve, but I can not believe it possibly curative.

"With respect to gout, my opportunities of applying this remedy have been less numerous than in rheumatism, yet numerous enough to enable me to speak with certainty of its great value as a remedy; when given in the doses I have mentioned, it produces but little sensible operation beyond that most important of all, the gradual (in two or three cases I have seen it act almost instantaneously), diminution of the distressing symptoms. With this view I have always prefaced its use by well cleansing out the bowels with proper aperients, and then ordering the phosphate every eight hours in simple water, or occasionally in conjunction with a bitter infusion and spirits of nitre, the best infusion perhaps being that of the serpentina, as it determines to the skin. Attention both before and during the administration of the phosphate to the duo performance of the various functions connected with the primary assimilating processes, is of great moment. A slight alterative aperient of mercurial pill and compound rhubarb pill, given every other night, twice or thrice, has answered well. I have seldom meddled with the inflamed part beyond ordering perfect rest, and exciting perspiration by means of fleecy hosiery or flannel, covered over with oil-silk, occasionally a light anodyne poultice or narcotic fomentation, and of course a consistent diet, and abstinence from everything irritating both of body and mind, were points duly remembered. In the third case in which I employed the salt, it was strikingly beneficial. A poor man, a dispensary patient, a very gouty subject, had had an attack for two or three weeks, being confined wholly to his bed or arm-chair. He had tried, and I had previously used, most of the most renowned remedies, with little or no relief. On a Wednesday afternoon he commenced taking the phosphate of ammonia, (ten grains every eight hours,) and on the Friday morning following he attended me

at the dispensary, walking each way, and informed me he had lost all pain, and that the swelling and stiffness were rapidly subsiding. To use his own words, 'the second dose of this last mixture had acted like a charm.' On the Tuesday following he began his work again as a mason. I ordered his continuance for a short time of the salt, combining it with a bitter infusion, and the regular use of a mild aperient.

"This latter point of continuing the remedy a short time, I consider a matter of importance, paying at the same time particular attention to the condition of the digestive organs. With regard to the value of this salt as a solvent upon the gouty concretions when formed, my experience does not enable me to speak with any certainty, but my observations lead me to state in a positive manner its powers to arrest the increase, and I believe the formation of them. So great is the solvent action of the phosphate of ammonia, after being introduced into the system, upon uric acid, that I am almost inclined to think calculous disease of that nature may be very greatly benefited by its employment. It is worthy of consideration when we remember the frequent occurrence of uric acid calculi, and the fact that most others of different character have uric acid for their nucleus. In lithic acid gravel I have frequently used it, and experience has taught me that it causes a very rapid decrease and disappearance of the red crystalline sediment; it quickly reaches the urine, (as I have testified oftentimes upon my own person,) when largely diluted. Mr. Alexander Uro (*Med. Chir. Trans.*, vol. xxiv.) has recommended the benzoic acid for the same purpose. I have used it many times, but never with so marked a result as with the phosphate of ammonia. Dr. Garrod has stated, and his statement has been confirmed by Dr. Booth and Mr. Boyé, of Philadelphia, that uric acid is unaffected by the conversion of benzoic acid into hippuric acid, the urea alone being diminished."

These statements are entirely confirmatory of Dr. Buckler's experience, as detailed in his paper in this Journal.

19. *Croup cured by Cauterizing the Larynx with a Solution of the Nitrate of Silver.*—Dr. LATOUR was sent for to a child of four years old, ill of sore throat, accompanied with a hoarse cough, fever, anxiety, and other severe symptoms, the uvula and right tonsil being covered with very adherent false membranes. Nitrate of silver in the solid form was immediately applied to all the afflicted parts within reach, and a vomit was given, by which some fragments of false membrane were brought away. Next day the false membrane had not covered the left tonsil, but appeared to have extended downwards, and the larynx seemed to be involved in the disease, as there was a suppressed hissing cough, and a loss of voice. Objecting as insufficient to the usual method of applying the nitrate of silver in such cases, namely, by introducing into the back part of the throat a sponge dipped in the solution of the salt, Dr. L. determined to use a stronger solution, between seven and eight grains to the ounce (fifty centigrammes to thirty grammes of water), and to adopt a method of applying it which he had already published in the "Clinique des Hôpitaux des Enfants." This consists in saturating a strong ball of lint in the solution, and conveying it to the opening of the larynx by means of a long curved pair of forceps, and then squeezing out the solution by compressing the ball between the blades. In this manner the solution was applied in the case referred to every eight hours for four days with complete success; the voice was first restored, and then the convalescence soon became complete.—*Monthly Journ. Med. Sci.*, Oct. 1847, from *Gazette Médicale de Paris*, 21st August, 1847.

20. *On the Morbid Anatomy and Pathology of the Typhus Fever which has been prevalent in Edinburgh during the session 1846-7.* By Dr. HUGHES BENNETT.—Until the commencement of the present session, cases of intestinal lesion in typhus fever have been exceedingly rare. During the three years the author had acted as pathologist to the Royal Infirmary previous to the present session, and during which he had examined upwards of 500 individuals who had died of the disease, he had only met with it three times. Since November, however, they had become more frequent, and the author had studied the morbid anatomy of typhus in reference to the opinions set forth by Rokitanski, Engel, Hammernick, Gunsburgh, and other pathologists of the Vienna and Prague schools of Medicine. According to these observers, typhus fever is accompanied by a peculiar dysarasia of the